UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

GERALD F. COLOMBE,

Plaintiff,

-against-

SULLIVAN CORRECTIONAL FACILITY,

Defendant.

24-CV-6993 (LTS)

ORDER OF DISMISSAL

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff, who is proceeding *pro se*, initiated this action by submitting a letter, dated September 12, 2024, to the court. By order dated September 19, 2024, the Court directed Plaintiff, within thirty days, to submit a completed request to proceed *in forma pauperis* ("IFP application") and prisoner authorization or pay the \$405.00 in fees required to file a civil action in this court. That order specified that failure to comply would result in dismissal of the complaint. Plaintiff has not filed an IFP application and prisoner authorization or paid the fees.

CONCLUSION

Accordingly, the complaint is dismissed without prejudice. *See* 28 U.S.C. §§ 1914, 1915. Should Plaintiff want to proceed with this action, he may initiate a new civil action by completing the attached complaint form. If he cannot afford the \$405.00 in fees, he may submit the attached IFP application. He also may contact the Pro Se Law Clinic, which is run by a private organization called the City Bar Justice Center. A flyer from the City Bar Justice Center is attached to this order, as well as a Limited Scope Legal Assistance Retainer Agreement.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444-45 (1962) (holding that an appellant demonstrates good faith when he seeks review of a nonfrivolous issue).

The Court directs the Clerk of Court to enter judgment in this case.

SO ORDERED.

Dated: November 15, 2024

New York, New York

/s/ Laura Taylor Swain

LAURA TAYLOR SWAIN
Chief United States District Judge

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Write the full name of each plaintiff.	CV (Include case number if one has beer assigned)
-against-	COMPLAINT (Prisoner)
	Do you want a jury trial? □ Yes □ No
Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.	_

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).					
☐ Violation of r	ny federal constitutional	rights			
\square Other:					
II. PLAINT	IFF INFORMATION				
Each plaintiff mus	t provide the following in	formation. Attach	n additional pages if necessary.		
First Name	Middle Initial	Last Na	ame		
	ames (or different forms on the previously filing a lawsuit.		u have ever used, including any name		
	ou have previously been in er (such as your DIN or NY		's custody, please specify each agency you were held)		
Current Place of D	Detention				
Institutional Addr	ess				
County, City		State	Zip Code		
III. PRISON	ER STATUS				
Indicate below wh	nether you are a prisoner	or other confined	l person:		
☐ Pretrial detail	nee				
☐ Civilly committed detainee					
☐ Immigration					
□ Convicted and sentenced prisoner□ Other:					
_					

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:				
	First Name	Last Name	Shield #	
	Current Job Title (o	r other identifying information		
	Current Work Addr	ess		
	County, City	State	Zip Code	
Defendant 2:	First Name	Last Name	Shield #	
	Current Job Title (o	r other identifying information)	
	Current Work Addr	ess		
	County, City	State	Zip Code	
Defendant 3:				
	First Name	Last Name	Shield #	
	Current Job Title (o	r other identifying information)	
	Current Work Addr	ess		
	County, City	State	Zip Code	
Defendant 4:	First Name	Last Name	Shield #	
	Current Job Title (o	r other identifying information)	
	Current Work Addr	ess		
	County, City	State	Zip Code	

V. STATEMENT OF CLAIM
Place(s) of occurrence:
Date(s) of occurrence:
FACTS:
State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
VI. RELIEF
State briefly what money damages or other relief you want the court to order.
State briefly what money damages of other relief you want the court to order.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated		Plaintiff's Signature	9
First Name	Middle Initial	Last Name	
Prison Address			
County, City	St	tate	Zip Code
Date on which I am delivering	this complaint to p	rison authorities for mai	iling:

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person must submit a separate application))		CV	()	()
-against-		(Provide docket number, if av your complaint, you will not y		_		·.)
(fu	II name(s) of the defendant(s)/respondent(s))					
	APPLICATION TO PROCEED WITHO	OUT PREPAYING FEE	S OR CC	ST	S	
an	m a plaintiff/petitioner in this case and declare that I d I believe that I am entitled to the relief requested in oceed in forma pauperis (IFP) (without prepaying fees the:	this action. In support of th	is applicati	on to)	
1.	Are you incarcerated? Yes I am being held at:	☐ No (If "No," go	to Questio	n 2.)		
	Do you receive any payment from this institution?	☐ Yes ☐ No				
	Monthly amount:					
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attadirecting the facility where I am incarcerated to decand to send to the Court certified copies of my account. U.S.C. § 1915(a)(2), (b). I understand that this means	luct the filing fee from my a unt statements for the past s	ccount in it six months.	nstall See 2	lment 28	
2.	Are you presently employed?	☐ No				
	If "yes," my employer's name and address are:					
	Gross monthly pay or wages:					
	If "no," what was your last date of employment?					
	Gross monthly wages at the time:					
3.	In addition to your income stated above (which you living at the same residence as you received more the following sources? Check all that apply.	1 ,	-	-		se
	(a) Business, profession, or other self-employment (b) Rent payments, interest, or dividends	☐ Yes ☐ Yes		No No		

SDNY Rev: 8/5/2015

Te	lephone Number		l Address (if availa	ble)	
Ad	dress	City	State	Zip Cod	e
Na	me (Last, First, MI)	Prisor	ldentification # (i	f incarcerated)	
Da	ted	Signat	ture		
	claration: I declare under penalty tement may result in a dismissal of		re information i	s true. I unde	erstand that a false
8.	Do you have any debts or financand to whom they are payable:	<u> </u>	ribed above? If	so, describe t	the amounts owed
7.	List all people who are depende much you contribute to their su				person, and how
6.	Do you have any housing, trans expenses? If so, describe and pro	_		_	ar monthly
5.	Do you own any automobile, refinancial instrument or thing of describe the property and its ap	value, including any ite			
4.	How much money do you have	in cash or in a checking	g, savings, or in	mate account	??
	If you answered "No" to all of the	ne questions above, exp	lain how you a	re paying you	ır expenses:
	If you answered "Yes" to any que money and state the amount that				
	(c) Pension, annuity, or life insu(d) Disability or worker's comp(e) Gifts or inheritances(f) Any other public benefits (u food stamps, veteran's, etc.)(g) Any other sources	pensation payments nemployment, social se	curity,	Yes Yes Yes Yes	 No No No No No No
	(a) Danaian annuita an life in a			Vac	□ No

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full	name of the plaintiff/petitioner)	CVI	
	-against-	(Provide docket number, if availa complaint, you will not yet have a	
(full	name(s) of the defendant(s)/respondent(s))		
	PRISONER AUT	HORIZATION	
Ву	signing below, I acknowledge that:		
(1)	because I filed this action as a prisoner, ¹ I am the full filing fees for this case, even if I am gr (IFP), that is, without prepayment of fees;	• •	, 1
(2)	the full \$350 filing fee will be deducted in ins case is dismissed or I voluntarily withdraw it	, <u>, , , , , , , , , , , , , , , , , , </u>	count, even if my
I at	athorize the agency holding me in custody to:		
(1)	send a certified copy of my prison trust fund (from my current institution or any institution six months);	-	
(2)	calculate the amounts specified by 28 U.S.C. § prison trust fund, and disburse those amount	* *	ints from my
	is authorization applies to any agency into who er district court to which my case may be trans	5 5	rred and to any
Dat	е	Signature	
Nar	me (Last, First, MI)	Prison Identificati	on #
Add	dress City	State	Zip Code

¹ A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).

FEDERAL PRO SE LEGAL ASSISTANCE PROJECT

in the Southern District of New York (SDNY)



ABOUT THE PROJECT

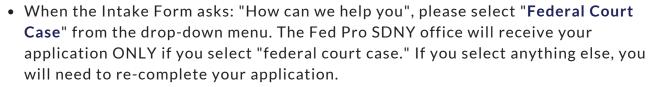
The Federal Pro Se Legal Assistance Project (Fed Pro) provides limited assistance to selfrepresented litigants (plaintiffs and defendants) with cases involving civil legal matters in the United States District Court for the Southern District of New York (SDNY).

HOW TO SCHEDULE AN APPOINTMENT

To schedule an appointment for assistance with City Bar Justice Center's Fed Pro project, you must first complete our online Intake Form.

- Our online Intake Form is accessible via one of these methods:
 - Scan the QR code to the right.
 - Go to bit.ly/prosesdny





Once you complete the form, someone will contact you, usually within five business days, to schedule an appointment. If you are not able to complete the Intake Form, please call (212) 382-4794, leave a detailed message, and wait for us to call you back, typically within five business days.

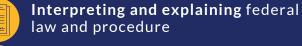
HOW WE HELP

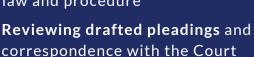
While we cannot provide full representation, we can assist litigants by providing limited-scope services such as:



Counseling about potential federal claims prior to filing suit









Consulting on **discovery** matters



Assisting with the settlement process (including mediation)



CITY BAR JUSTICE CENTER

SDNY Federal Pro Se Legal Assistance Project

LIMITED SCOPE LEGAL ASSISTANCE RETAINER AGREEMENT

This agreement explains the terms of the limited legal assistance that the City Bar Justice Center ("CBJC") has agreed to perform for you through its Federal Pro Se Legal Assistance Projects ("Projects"). Writing your name at the end demonstrates your agreement to the terms herein.

I. LIMITS OF ASSISTANCE

The Projects agree to provide only limited scope legal assistance in connection with your matter. This means that:

- You remain a self-represented (pro se) litigant and are responsible for all aspects of your case. CBJC is not your attorney of record in this matter. In the event that you are or become a party to a case in the Eastern District of New York or the Southern District of New York or any other forum, CBJC will not enter an appearance or otherwise act on your behalf without expressly agreeing to do so and entering into a separate signed agreement with you. CBJC has no obligation to enter into any such agreement.
- CBJC has sole discretion to determine the specific type of services provided. These services may include providing advice and counsel about your case, explaining court orders and procedures, reviewing and commenting on your drafts, assisting with drafting, and discussing strategy.
- This retainer covers this consultation only. CBJC can stop assisting you with this matter at any time for any reason consistent with the New York Rules of Professional Conduct.
- CBJC has not agreed to represent or assist you on any other matter in the future. If CBJC does agree to any representation on another matter, then a separate signed retainer agreement will be necessary.
- You may request but are not guaranteed subsequent appointments. CBJC will only
 provide assistance on subsequent appointments if it provides you with confirmation to
 you of such assistance, via email or otherwise, with such additional assistance
 governed by the terms of this agreement, including that the assistance is for that
 consultation only and that CBJC has sole discretion to decide whether it will provide
 any additional future consultations.
- You are responsible for and must meet all deadlines in your case, regardless of whether you are able to have an appointment at the Projects in the Eastern District or the Southern District.

II. FREE ASSISTANCE, NON-ATTORNEY PROVIDERS, AND COMPETENCY

CBJC does not charge for this assistance. You may be assisted by law students and/or paralegals under the supervision of an attorney consistent with the Rules of Professional Responsibility. CBJC's assistance does not guarantee success or any particular outcome but that CBJC will provide competent assistance.

III. TERMINATION OF ASSISTANCE

Your participation is entirely voluntary, and you are free to stop receiving CBJC's limited scope assistance at any time. CBJC may stop providing limited assistance at its sole discretion consistent with the New York Rules of Professional Conduct. If CBJC chooses to stop providing limited assistance, it will provide notice by email, mail, or phone.

IV. COSTS OF LITIGATION

Filing a lawsuit or defending against a case when you are sued can involve costs. You are responsible for all costs, including filing fees. The CBJC will not pay for any costs associated with your case. The Court may allow you to proceed without paying filing fees (this is called "proceeding in *forma pauperis*"). Whether you are allowed to proceed in *forma pauperis* is entirely up to the Court.

V. CONFIDENTIALITY

CBJC will take all reasonable steps to maintain any information you provide as confidential.

VI. REVIEW AND CONSENT

If you have questions or concerns, please leave a voicemail for the Project at (212) 382-4794, and someone will call you back to discuss this agreement.

By signing and writing today's date below, you indicate that you: have had an opportunity to discuss this agreement with CBJC or another Attorney of your choice; have read and understand this agreement; consent to the terms of this agreement; and understand the possible risks and benefits of proceeding with limited scope assistance.

Signature	Date	

Please mail these completed forms to the City Bar Justice Center, Pro Se Legal Assistance Project, 40 Foley Square, LL22, New York, NY 10007.



CITY BAR JUSTICE CENTER

SDNY Federal Pro Se Legal Assistance Project

Name:	: Date of Birth:			
Facility:	Identification #			
How did you hear about our	clinic? (circle one)			
Pro Se Intake Office	Website	Conference/Hearing	with the Judge	
Pro Se Information Package	Friend/Family	//Family Order/Letter from the Judge		
Other:				
Do you already have an oper	n case with the fede	ral court? (circle one)	Yes No	
If yes, what is your case nun	nber?			
If yes, which courthouse is i	t in? (circle one)	Manhattan	White Plains	
Ethnicity? (circle one)				
Asian/Pacific Islander	Hispanic	Caucasian		
Black	Middle Eastern	Decline to ans	swer	
African	Caribbean	Other:		
Native American	South Asian			
Gender?				
Education level? (circle one)				
8 th grade or less	GED	2-4 years of college/v	ocational school	
Some high school	College graduate	Decline to answer		
High school graduate	Graduate degree			

Please mail these completed forms to the City Bar Justice Center, Pro Se Legal Assistance Project, 40 Foley Square, LL22, New York, NY 10007. 

CITY BAR JUSTICE CENTER

SDNY Federal Pro Se Legal Assistance Project

Immigration status? (circle	e one)			
U.S. citizen (born in U.S.)	Naturalized U.S. citizen		Legal Permanent Residen	
	(Born in:)	
No lawful status	Decline to ans	swer	Other:	
Marital status? (circle one)				
Single		Married		
Divorced		Separated		
Widowed	Decline to answer		nswer	
Do you have a disability? (circle all that ap	ply)		
No	Mental health		Vision	
Hearing	Mobility		Memory	
Homebound	Decline to ans	swer	Other:	
What is your primary langu	ıage?			
LGBTQ+? (circle one)	Yes	No	Decline to answer	
Veteran?				

Please mail these completed forms to the City Bar Justice Center, Pro Se Legal Assistance Project, 40 Foley Square, LL22, New York, NY 10007.